

## **EMPLOYEE PERFORMANCE** APPRAISAL REPORT

State Form 19956 (R5 /2-99)
\*Social Security number request is **mandatory**per IC 4-1-8-1 (5)

## PROTECTIVE OCCUPATIONS

Employee name:												
TYPE OF EVALUATION												
Annual	3-Month	○6-Month	Follow-up									
Other:			·									

	WORKING TEST									
This information may be used in decisions concerning training needs, advancement,	Successfully completed: Permanent status granted. EFFECTIVE DATE:									
performance-related salary adjustments,	Request extension for six (6) months. Reason on Comments Sheet. <b>EXTENDED DUE DATE:</b>									
ayoffs, reemployment, and as evidence in contested disciplinary actions.		State Personnel Director approval					Date (month, day, year)			
Name of employee					*Social Security number					
Name of state agency					Org code					
Class title and class code of employee					Review period	(month / year)	/	То	/	
		AREAS OF RESPON	ISIBILITY		IMP.	QUALITY	QUANTI	TY	TIMELINESS	
INSTRUCTIONS		RESPONSIBILITY STA			(Es) (Ne)	+			Na 6 <b>a</b> 5	
List the applicable areas of responsibility	1.				ŎŎ			Ŏ	0000	
from the position description. 2) Indicate the	2.							$\widetilde{\cap}$	$\overline{\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc}$	
relative importance of each in the second column.	3.							$\widetilde{\wedge}$		
3) Assign a rating to each dimension based on the actual work performed. Substantiate ratings of	4.							H		
"below standard" on Comments Sheet.	5.							$\mathbb{H}$	0000	
key: (Es) Essential (Ne) Non-Essential								$\mathbb{H}$	0000	
(Na) Not applicable (6) Below standard	6.						1000	$\mathcal{L}$	0000	
(=) At standard (5) Above standard	7.							$\bigcirc$	0000	
and Above standard	8.				100	10000	1000	$\bigcirc$	0000	
		GI	ENERAL FAC	TORS			IMPORT.	PER	FORMANCE	
INSTRUCTIONS			FACTOR				Es Ne Na	U)(	MSV0	
Indicate the relative importance of each	Job Knowledge	and Skill					000	$\bigcirc$	0000	
factor in the first column. 2) For each applicable	2. Follows Proper Procedures / Judgement				000		0000			
factor, assign the most suitable performance rating. Substantiate ratings of "Unsatisfactory"	3. Dependability					$\bigcap\bigcap\bigcap$		$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$		
or "Outstanding" on Comments Sheet.	4. Composure / Stability					$\tilde{\bigcirc}\tilde{\bigcirc}\tilde{\bigcirc}$		$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$		
Key: (Es) Essential (Ne) Non-Essential	5. Motivation									
(Na) Not applicable (U) Unsatisfactory		6. Adaptability								
Marginal Satisfactory	7. Interpersonal Re	olations						$\overline{}$		
v Very good Outstanding	7. Interpersonal Ki	elations							0000	
Frankland of markets	Data sissand	Evaluator signatura		Cunariar		Annainting Au	thority olanot		D .	
Employee signature	Date signed	Evaluator signature	Superior Appointing Ap			Authority signature Date		Date		
I hereby certify that I have had an opportunity to revieunderstand that I am to receive a copy. I am aware does not necessarily mean that I agree with the rating.	w this report and that my signature	I hereby certify that this ratir covered.	ng report constit	utes my best judgi	ment of the service	performed by th	is employee	for the	e review period	